## **Bethalto Police Department**

213 N. Prairie St., Bethalto, IL 62010 618-377-5266

## FOIA REQUEST & RESPONSE

Your Name:		Address:
Today's Date:	Phone Number:	Email:
Person's name and/or add	ress you are requesting reco	rds on:
Person's date of birth:	Date or rang	e of dates you are requesting:
What was the incident(s) p	ertaining to:	
Returned records via:	🗌 USPS 🛛 🗌 email	pick up in person  FAX #
Submit completed form in	oerson, email: <u>3775261@be</u>	thaltopolice.org, fax: 618-377-5261 or mail it to the above address.
		OFFICIAL RESPONSE
		New Due Date:
		he request as allowed for by the act under Exemption(s):
$\Box 7(1)(b) - Private Inform  \Box 7(1)(c) - Releasing the i$	ation such as SSN, Phone Nu	bited from release by Federal or State law (i.e. Juvenile Arrest Records) imber(s), Addresses, DL numbers are protected from release. sonable Invasion of Personal Privacy of those involved. DOB's and family interest are exempt.
$\Box$ 7(1)(d)(i) – The records requested relate to an active ongoing criminal investigation. The release of the records at this point would interfere with the pending law enforcement proceedings.		
<ul> <li>☐ 7(1)(d)(iii) – Releasing t</li> <li>☐ 7 (1)(d)(iv) – Releasing t</li> </ul>	he records would Deprive th the records would reveal the	ceedings. e defendant of a fair trial or an impartial hearing. identity of a confidential source or information ger the safety and life of an individual(s)

The Act allows a public body to demand payment of copying fees before providing records. A standard \$.15 for each black-andwhite 8 ½ X 11page, after fifty (50) pages, will be applied. A standard \$.36 per compact disc (CD), and \$.46 per digital video disk (DVD) will be applied. The Fees due before the requested records will be provided is \$\_\_\_\_\_\_. You may pay in person or mail payment to my attention at the Bethalto Police Department.

**Notice of right to appeal denial of public records**: Pursuant to law, you are entitled to appeal the decision denying your request for certain public records to the Public Access Counselor, Office of the Illinois Attorney General, 500 S. 2nd Street, Springfield, IL, Fax: 217-782-1396, E-mail: <u>publicaccess@atg.state.il.us</u>. You also have the right to seek judicial review of your denial by filing a lawsuit in the State circuit court 5 ILCS 140/11.

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial letter. 5 ILCS 140/9.5(a). Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC.

Chief Jason Lamb Initials of Dept. Representative \_\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Other: